

TODAY'S DATE: _____

WDMH FOUNDATION DONATION FORM

WDMH Foundation, 566 Louise Street, Winchester, Ontario K0C 2K0

T: 613-774-2422 x 6162 • F: 613-774-7202

www.wdmhfoundation.on.ca • facebook.com/wdmhfoundation

Charitable Registration number 89282 4368 RR0001.

FOR INTERNAL USE ONLY:

☐ IN PERSON

☐ VIA TELEPHONE

☐ VIA MAIL

☐ VIA FAX

DONOR INFORMATION (please print)

Donor's Name (person who paid for the donation) _____

Address _____ City _____ Prov _____ Postal Code _____

*Preferred Telephone _____ *Email _____

ONE-TIME GIFT DETAILS (please print)

I would like to give the amount listed below:

☐ \$25 ☐ \$50 ☐ \$100 ☐ \$250 ☐ \$500 ☐ \$1000 ☐ Other _____

☐ Included is a cheque payable to the **WDMH Foundation** ☐ Cash

☐ Please bill my credit card: ☐ Visa ☐ Mastercard ☐ AMEX

☐ In Memoriam ☐ In Honour (Please fill acknowledgement below)

ACKNOWLEDGMENT INFORMATION (please print)

Person to be remembered/honoured _____

Please notify _____

Address _____

City _____ Prov _____ Postal Code _____

Card Message _____

From _____

Provide my address to next of kin / family member: ☐ Yes ☐ No

REASON FOR GIVING YOUR GIFT

We would love to know what inspired you to give your gift.

☐ Yes, you may publish my reason for giving but not my name

☐ Yes, you may publish my reason for giving and my name

☐ No, you do not have permission to publish my reason or my name

OTHER INFORMATION

Please include your telephone number or email address so we may contact you should we have questions or concerns when processing your donation or issuing an official income tax receipt, if applicable.

Donor address must be complete and legible. Official Income Tax Receipts are not routinely issued to other charitable organizations, foundations, or businesses, but are acknowledged through a Business Acknowledgment (non-official tax receipt).

We do not publish donor names unless we have been provided with written permission to do so.

Please direct my gift as follows:

☐ **Health Care Undesignated Fund** – 'Your gift will go where it is needed most.'

☐ **WDMH Family Care Fund** – 'Your gift will go where it is needed the most at WDMH.'

☐ **WDMH General Equipment Fund** – 'Your gift will help to purchase medical equipment for WDMH.'

☐ **WDMH Diagnostic Imaging Fund** – 'Your gift will help to purchase DI equipment for WDMH.'

☐ **WDMH Cancer Care Fund** – 'Your gift will help to support cancer care services at WDMH.'

☐ **Dundas Manor General Fund** – 'Your gift will go where needed most at Dundas Manor.' (such as the redevelopment of the new Dundas Manor).

☐ **Dundas Manor Activity Fund** – 'Your gift will help to fund activities for Dundas Manor residents.'

Donor Initial _____

CARDHOLDER INFORMATION

Card Number _____

Expiry Date ____/____/____ 3-Digit Security Code ____

Name on Card _____

Cardholder's Signature _____

☐ This is a corporate credit card

PLEDGE DETAILS (please print)

☐ I would like to pledge \$ _____

☐ My payments will begin in <month _____> and will continue on a ☐ monthly ☐ quarterly ☐ annual basis until my pledge is paid off.

☐ By pre-authorized debit. (please enclose a "void" cheque so that we may make arrangements with your financial institution).

☐ Please bill my credit card: ☐ Visa ☐ Mastercard ☐ AMEX

Monthly payments will be processed on the 20th day of each month. If the 20th does not fall on a regular business day, then your gift will be processed on the following business day. One tax receipt will be issued prior to February 28th representing your contributions for the previous calendar year.